

Applicant Review Panel
Application Review and Quality Control Sheet

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| Applicant Name: <u>Rodney Almaraz</u> | |
| Date Received: <u>2/15/13</u> | Applicant Number: <u>5058</u> |
| Recommended Applicant Pool Status: <input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed | Final Applicant Pool Status: <input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed |

REQUIREMENTS:

1. Was the application received before the submission deadline? ☒ Yes ☐ No

If NO, list time/date application was received: _____

2. Is the application complete? ☒ Yes ☐ No

If NO, list the item(s) that need to be completed: _____

3. Indicate how the applicant responded to the following questions:

A. Reside in the City of Austin? ☒ Yes ☐ No

B. Currently licensed CPA by the TSBPA? ☒ Yes ☐ No

If YES, list the license number: 055217

i. Was the license number verified against TSBPA data? ☒ Yes ☐ No

C. Has at least 5 years of auditing experience? ☒ Yes ☐ No

If YES:

i. Did the applicant list at least 5 years of audit experience? ☒ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?** ☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition: _____

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?

☒ Yes ☐ No

If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

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|--|--------------------------------|
| Application Reviewed By: <u>B L</u> | Review Date: <u>2/21/13</u> |
| Quality Control Review By: <u>galt</u> | QC Review Date: <u>2/22/13</u> |
| Follow-up Contact(s) Reviewed By: <u>N/A</u> | Date: _____ |